



Receipt

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PATENT AND TRADEMARK OFFICE

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APPLICANT: Thomas J. Quinn
APPLICATION NO.: 09/642,250
FILING DATE: October 12, 2000
TITLE: GYROSCOPIC POINTER AND METHOD
EXAMINER: Unassigned
GROUP ART UNIT: 2775
ATTY. DKT. NO.: 5167

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, Washington, D.C. 20231, on the date shown below:

Dated: 11/21/2000 By: *Albert C. Smith*
Albert C. Smith, Reg. No.: 20,355

COMMISSIONER FOR PATENTS
APPLICATION PROCESSING DIVISION
CUSTOMER CORRECTION BRANCH
WASHINGTON, DC. 20231

REQUEST FOR CORRECTED FILING RECEIPT

SIR:

Enclosed is a copy of the Filing Receipt. It contains the following error:

1. The number of independent claims is erroneously stated as 19. The correct number of independent claims is 20, as evidenced by the Fee Transmittal, a copy of which is enclosed.

A copy of the Filing Receipt with the correction made in red is also enclosed.



PATENT

Please issue a corrected Filing Receipt rectifying this error.

Respectfully submitted,
THOMAS J. QUINN

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Dated: 11/21/2000

By: Albert C. Smith

Albert C. Smith, Reg. No.: 20,355
Fenwick & West LLP
Two Palo Alto Square
Palo Alto, CA 94306
Tel.: (650) 858-7296
Fax.: (650) 494-1417

COPY



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/642,250 ✓	10/12/2000	2775	1026	5167 ✓	6 ✓	48	19 20

Fenwick & West LLP
Two Palo Alto Square ✓
Palo Alto, CA 94306**RECEIVED****OCT 30 2000****FENWICK & WEST LLP**

FILING RECEIPT



OC000000005501762

Date Mailed: 10/24/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Thomas J. Quinn, Los Gatos, CA ; ✓

Continuing Data as Claimed by Applicant

THIS APPLICATION IS A REI OF 08/643,991 05/07/1996 PAT 5,898,421 ✓
WHICH IS A CON OF 08/406,727 03/20/1995 ABN ✓
WHICH IS A CON OF 08/000,651 01/05/1993 PAT 5,440,326 ✓
WHICH IS A CON OF 07/497,127 03/21/1990 ABN ✓

Foreign Applications

If Required, Foreign Filing License Granted 10/24/2000

** SMALL ENTITY ** ✓

Title

Gyroscopic pointer and method ✓

Preliminary Class

345

Data entry by : NIMMONS, EVELYN

Team : OIPE

Date: 10/24/2000



COPY

PTO/SB/17 (6-95)(modified)
Approved for use through 11/30/96. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0002/PTO(modified)
Rev. 10/95

U.S. Department of Commerce
Patent and Trademark Office

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = (\$2,680.00)

Application Number

Filing Date

First Named Inventor

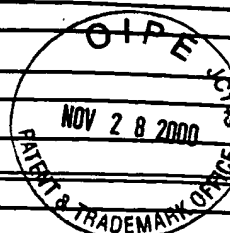
Thomas J. Quinn

Group Art Unit

Examiner Name

Attorney Docket Number

5167



METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.
- ☐ Charge the Issue Fee set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b) to the below mentioned deposit account.

Deposit Account Number: 19-2555

Deposit Account Name: FENWICK & WEST LLP

A Duplicate Copy of this authorization is attached

2. ☒ Payment Enclosed:☒ Check ☐ Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$85	Surcharge - late filing fee or oath	
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	
147/\$2,520	147/\$2,520	For filing a request for reexamination	
115/\$110	215/\$55	Extension for response within first month*	
118/\$380	218/\$190	Extension for response within second month*	
117/\$870	217/\$435	Extension for response within third month*	
118/\$1,380	218/\$680	Extension for response within fourth month*	
128/\$1,850	228/\$925	Extension for response within fifth month*	
119/\$300	219/\$150	Notice of Appeal	
141/\$1,210	241/\$605	Petition to revive unintentionally abandoned application	
142/\$1,210	242/\$605	Utility Issue Fee (Or Reissue)	
143/\$430	243/\$215	Design Issue Fee	
122/\$130	122/\$130	Petitions to the Commissioner	
123/\$50	123/\$50	Petitions related to provisional applications	
126/\$240	126/\$240	Submission of Information Disclosure Statement	
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	160
146/\$690	246/\$345	Filing a submission after final rejection (37 CFR 1.129(a))	
149/\$690	249/\$345	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify):

Other fee (specify):

SUBTOTAL (3) (\$160)

FEE CALCULATION (Fees effective 11/12/98)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
101/\$690	201/\$345	Utility Filing	690
106/\$310	206/\$155	Design Filing	
108/\$690	208/\$345	Reissue	
114/\$150	214/\$75	Provisional Filing	

SUBTOTAL (1) (\$ 690)

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$18	203/\$9	Claims in excess of 20
102/\$781	202/\$39	Independent claims in excess of 3
104/\$280	204/\$130	Multiple dependent claim
109/\$78	209/\$39	Reissue independent claims over original patent
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent

(Col. 1)		(Col. 2)		(Col. 3)		Fee		Fee Due	
For	No. of Existing Claims	minus*	Highest No. Previously Paid For	=	Extra**	x		=	
TOTAL	48	minus*	20 or	=	28	x	18	=	504
INDEP	20	minus*	3 or	=	17	x	78	=	1326

[] First presentation of multiple dependent claim

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) (\$1830)

SUBMITTED BY

Typed or Printed Name

Albert C. Smith

Signature

Complete (if applicable)

Reg. Number

20,355

Date

* Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby.
Rev. 11/04/99

18388/05167/DOCS/1070239.1



TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/642,250	
			Filing Date	August 17, 2000	
			First Named Inventor	Thomas J. Quinn	
			Group Art Unit Number	2775	
			Examiner Name	Unassigned	
Total Number of Pages in This Submission			5	Attorney Docket Number	5167

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Copy of Small Entity Statement	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Power of Attorney	<input type="checkbox"/>
REMARKS:	

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SIGNATURE OF ATTORNEY OR AGENT			
Signature:	<i>A.C. Smith</i>		
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355	Dated:	11/21/2000

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:	<i>A.C. Smith</i>		
Typed or Printed Name:	Albert C. Smith	Dated:	11/21/2000
Express Mail Mailing Number (optional):			